



Application For License to Operate an Outpatient Care Activity or Service Division of Health Licensing

In accordance with §44-41-10, §44-69-10, §44-71-40, §44-89-60, and/or §44-7-260 of the South Carolina Code Ann. (Suppl. 2001) and Regulation 61-12, 61-75, 61-77, 61-78, 61-91, 61-93, 61-97, or 61-102, 61-108 licensees and prospective licensees must file an application under oath prior to operating an outpatient activity or service, and annually thereafter. Licenses are effective for a 12-month period following the date of issue.

1. A. _____
(Name of activity or service to be licensed)
 - B. _____
(Street address or location where activity, service or equipment is based)
 - _____
(City) (County) (Zip code) (Telephone #)
 - C. _____
(Mailing address if different) (City) (State) (Zip code)
 - D. _____
(E-mail Address)
 - E. Days and Hours of Operation: _____
2. Reason for application (check one or more):
- A. ☐ New activity or service (Initial License)
 - B. ☐ Renewal of license # _____ which expires _____.
 - C. ☐ Change of: (Attach copy of Certificate of Need (CON) letter of approval/exemption, if applicable.)
 - ☐ (1) licensee from _____
to _____
 - ☐ (2) name of activity from _____
to _____
 - ☐ (3) address of activity from _____
to _____
 - ☐ (4) number of licensed units from _____ to _____.

NOTICE: Your license must be renewed prior to the expiration date. The current licensee is responsible for renewal of the license prior to the expiration date regardless of any changes or pending approvals (i.e., ownership changes or number of licensed units) from the Department that are in progress at the time the license is due for renewal. To avoid a lapse in your license, please submit an application to renew the current license and a second application to effect the changes.

3. **Contact (Administrator/Director): Prefix:** Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Other: _____

First Name: _____ **MI:** _____ **Last Name:** _____

Generation: Sr. ☐ Jr. ☐ III ☐ Other: _____ **Suffix:** MD ☐ Ph.D. ☐ RN ☐ Other: _____

Title: _____

4. Type of activity for which application is being made: **(Check only one category per application)**

A. ☐ **Day Care Facility for Adults (Regulation 61-75)** Number of Participants: _____

B. ☐ **Home Health Agency (Regulation 61-77)** Number of Counties Served: _____

C. ☐ **Hospice Program (Regulation 61-78)** Number of Counties Served: _____

D. ☐ **Ambulatory Surgical Facility (Regulation 61-91)**

Number of: Operating Rooms _____ Endoscopy Rooms _____ Recovery Beds _____

Total Number of Operation Rooms (Operating Rooms plus Endoscopy Rooms): _____

E. ☐ **Treatment Facility for Psychoactive Substance Abuse or Dependence (Regulation 61-93)**

Do you have a Narcotic Treatment Program as described in the Regulation? ☐ Yes ☐ No

F. ☐ **Renal Dialysis Facility (Regulation 61-97)**

_____ Total Number of Chronic Hemodialysis Stations.

_____ Total Number of Home Hemodialysis Training Stations.

_____ Total Number of Stations to be Invoiced

Total Number of Peritoneal Stations _____ (Do Not Include in Total Stations to be Invoiced.)

G. ☐ **Birthing Center (Regulation 61-102)** Number of Birthing Rooms: _____

H. ☐ **Abortion Clinics (Regulation 61-12)**

I. ☐ **Freestanding or Mobile Technology (Regulation 61-108)** (A separate application must be submitted for each independent system, equipment or unit to be licensed.)

Serial # or Unique Identification # of system, equipment or unit: _____

5. If you checked Line 4.B or 4.C, indicate by name the counties served or the name of the geographic area to which your services are restricted: _____

Indicate here any restrictions that apply to your license: _____

6. Number of staff positions: _____ (For initial license applicants only, attach a list that includes the name, title and position of each staff member.)
7. If you checked block 4.B, please check below the services offered in addition to skilled nursing:
- ☐ Physical therapy ☐ Speech therapy ☐ Occupational therapy ☐ Medical social services
☐ Home health aide services ☐ Medical Supplies/Appliances/Durable Medical Equipment (DME)
☐ Other (specify): _____
8. If you checked block 4.C, attach a description of the services you provide directly. If any services are provided by an arrangement with another entity, attach a description of the arranged services and the name and location of the entity with which these arrangements have been made.
9. If you checked block 4.B, 4.C, or 4.E, do you operate satellite locations or branch offices? ☐ Yes ☐ No
If yes, please provide us with the complete location; mailing address; days and hours of operation of each.
- Location 1: Name: _____
Location Address: _____
Location City, State, Zip: _____

Mailing Address: _____
Mailing City, State, Zip: _____
Days and hours of operation: _____
- Location 2: Name: _____
Location Address: _____
Location City, State, Zip: _____

Mailing Address: _____
Mailing City, State, Zip: _____
Days and hours of operation: _____
- Location 3: Name: _____
Location Address: _____
Location City, State, Zip: _____

Mailing Address: _____
Mailing City, State, Zip: _____
Days and hours of operation: _____
- Location 4: Name: _____
Location Address: _____
Location City, State, Zip: _____

Mailing Address: _____
Mailing City, State, Zip: _____
Days and hours of operation: _____
- ☐ Check this block if you have additional satellite locations other than the four identified above and attach a sheet with similar information as requested above for each additional satellite location.

10. Licensee (The legal entity who, or whose governing body, has the ultimate responsibility and authority for the conduct of the facility or service; the owner of the business; with whom rests the ultimate responsibility for maintaining approved applicable licensing standards for the facility or service.
- A. _____
(Name)
- B. _____
(Mailing Address) (City) (State) (Zip Code)
- C. Check one of following characteristics in each of the three categories that applies to the licensee:
- (1) ☐ Profit ☐ Not for Profit (Non Profit)
- (2) ☐ State Government ☐ County Government ☐ District Government
☐ Religious ☐ Commercial ☐ None in these categories apply
- (3) ☐ Sole proprietorship ☐ Partnership ☐ Limited Partnership ☐ Corporation
☐ Limited Liability Corporation ☐ None in these categories apply
- D. _____
(Complete title of the licensee's governing body)
- E. _____
(Name and title of presiding officer of governing body)
- _____
(Mailing address of presiding officer)
- _____
(City) (State) (Zip Code) (Telephone Number)
- F. (1) If a publicly held entity or corporation, does any person or other legal entity own 5 percent or more of the ownership interest or owner's equity of the licensee? ☐ Yes; ☐ No. If yes, then attach a list identifying the name, address, percent and type of ownership claim.
- (2) If not a publicly held entity, attach a list identifying the name, address, percent and type of ownership claim of all others.
- G. Does any person or other legal entity claim liabilities of the licensee or of the facility or service for which this license is requested? ☐ Yes; ☐ No. If yes, then attach a list identifying the name, address, percent, and type of claim.
- H. If the licensee is a corporation or partnership, **you must attach a list identifying all officers** with your initial application and **annually thereafter with each license renewal application.**
11. Real property ownership. Is the land and/or building on/in which the activity or service is conducted owned by the licensee? ☐ Yes; ☐ No. If no, attach a copy of the contract/lease/rental agreement.

12. Management. Has the licensee engaged an entity other than an employee of the licensee to manage or operate the activity or service? ☐ Yes; ☐ No. If yes, attach information regarding that agreement.
13. Is there any agreement, contract, option, understanding, intent or other arrangement that will affect a change in any of the information requested and/or provided in Lines 10, 11, or 12 above? ☐ Yes; ☐ No. If yes, attach a complete description of how it affects this information.

14. VERIFICATION

State of _____

County of _____

I, _____ and _____
being duly sworn on my oath, depose and say that I have read the foregoing application (and attachments) and know the contents thereof; that the statements contained are correct and true to the best of my knowledge and belief. Furthermore, I understand that I must comply with standards set forth in South Carolina Regulation 61-12, 61-75, 61-77, 61-78, 61-91, 61-93, 61-97, 61-102 or 61-108 (as applicable to the license applied for herein) and that noncompliance with these standards may result in the Department pursuing enforcement actions as provided in the applicable regulation 61-12, 61-75, 61-77, 61-78, 61-91, 61-93, 61-97, 61-102 or 61-108.

(Signature)*

(Title)

(Signature)*

(Title)

*An application must be signed by the owner if an individual; or in the case of a limited liability corporation, the head of the limited liability corporation; or two of the owners if a partnership; or, in the case of a corporation, by two of its officers; or, in the case of a governmental unit, by the head of the governmental department having jurisdiction over the facility.

Subscribed and sworn to before me this _____ day of _____,
(Month) Year

NOTARY PUBLIC _____

My commission expires _____ **NOTARY SEAL**

15. _____
(Name and title of person preparing this application) (Telephone Number) (Date Prepared)

Instructions for Completing DHEC Form 0200
Application for License to Operate an
Outpatient Care Activity or Service

PURPOSE: In accordance with §44-41-10, §44-69-10, §44-71-40, §44-89-60, and/or §44-7-260 of the South Carolina Code Ann. (Suppl. 2001) and Regulation 61-12, 61-75, 61-77, 61-78, 61-91, 61-93, 61-97, or 61-102, licensees and prospective licensees must file an application under oath prior to operating an outpatient activity or service, and annually thereafter. Licenses are effective for a 12-month period following the date of issue.

INSTRUCTIONS:

Line 1.A. If you are renewing your license, the name of the activity or service must appear exactly as it does on your current license. If you are changing the name of the activity or service, enter the new name on line 1.A. and on line 2.C. (2). If the name of your activity or service is incorporated, the name on line 1.A. must appear exactly as in the articles of incorporation issued by the Office of the Secretary of State.

If this is an initial license, we recommend that you limit the name of the activity/service to 65 characters (including spaces) as that is the limit of our database. Names longer than 65 characters will necessitate that we abbreviate the name or cut it off after 65 characters. The abbreviated name will appear on all our information that is made available to the public and may not accurately reflect the actual name of your activity or service if longer than 65 characters.

The name of the activity or service on Line 1.A. should be consistent with the name as it appears on other documents submitted during the initial licensure process. Afterwards, if you desire to change the name of the activity or service, you may submit another application to reflect the change, thereby ensuring that the name reflects what you actually intended the activity or service to be named.

Line 1.B. Enter the address of where the activity, service or equipment (Freestanding or Mobile Technology) is physically located and include the phone number.

Line 1.C. Enter the mailing address if it is different from the location address. If it is the same, enter "Same".

Line 1.D. Enter the days and hours of operation of the activity or service.

Line 2.A.B. Check the appropriate response as to your reason for submitting the application.

Line 2.C. If you are making a change that will alter the information on the face of your current license, check this box. (See Notice on page 1 of this application.)

Line 2.C.(1) If this is a change in licensee, **the application should be completed by the individual or entity that will become the new licensee for the activity or service**, as licenses are not transferable. Regardless of the party that completes the application, the signature(s) on Line 14 must be that of the new licensee. The Department will continue to recognize the current licensee as the owner of the license until our office has approved the application for change in licensee. Until we grant approval to issue a new license to the new licensee, the current licensee is responsible for renewing the current license prior to the expiration date and must submit a separate application to renew the current license. Enter the name of the current licensee on the first space and the name of the new licensee on the second space.

- Line 2.C.(2) Enter the current name of the activity or service on the first line and the new name on the second line. (Please refer to instructions for Line 1 concerning character limitations of activity or service names.)
- Line 2.C.(3) Enter the old address of the activity or service on the first line and the new address on the second line. Indicate if this is a change in mailing address or location address. **(Note: If you checked block 4.A, 4.D., 4.F, 4.G, or 4.H, you cannot move the licensed activity to another location without prior approval from our office. Such a change would necessitate that an application as a new or initial license be submitted.)**
- Line 2.C.(4) Enter the current number of licensed units (participants, counties served, operating rooms, stations or birthing rooms) you are licensed for in the first space provided and the new number for which you are applying in the second space if an increase or decrease of the current number. Reflect this increase or decrease in the appropriate category on Line 4. If you are a holder of a CON, attach a copy of the letter approving or exempting the increase/decrease from CON review.
- Line 3. Check the appropriate boxes and enter the name and title of the individual designated as the administrator/director of the activity or service with whom contact between our Department and the activity or service will be made.
- Line 4. Only one category for Line 4. (A, B, C, D, E, F, G, H or I) can be checked. If the licensee is the holder of multiple licenses with the Department, you must submit a separate application for each type of license that is held or being applied for.
- Line 4.A. Check this block if you are being licensed as a day care facility for adults as defined in DHEC Regulation 61-75 and entered in the space provided the total number of participants permitted.
- Line 4.B. Check this block if you are being licensed as a home health agency as defined in DHEC Regulation 61-77 and enter in the space provided the total number of counties served. If you do not provide services to specified counties in this State, then enter in the space provided the number zero (0).
- Line 4.C. Check this block if you are being licensed as a hospice as defined in DHEC Regulation 61-78 and enter in the space provided the total number of counties served. If you do not provide services to specified counties in this State, then enter in the space provided the number zero (0). **(Do not use this application if you are applying for a license to operate an inpatient hospice facility. You will need to complete an inpatient license application).**
- Line 4.D. Check this block if you are being licensed as an ambulatory surgical facility as defined in DHEC Regulation 61-91. Enter in the spaces provided the number of operating rooms/endoscopy rooms, and the number of recovery beds for which you are being licensed. **(Do not include recovery beds in the total number of operating rooms).**
- Line 4.E. Check this block if you are being licensed as an outpatient treatment facility for psychoactive substance abuse or dependence facility as defined in DHEC Regulation 61-93 and check the appropriate box as to whether or not you have a narcotic treatment program. **(Do not use this application if you are applying for a license to operate an inpatient facility. You will need to complete an inpatient license application).**
- Line 4.F. Check this block if you are being licensed as a renal dialysis facility as defined in DHEC Regulation 61-97 and enter in the number of stations as requested. **(Do not include peritoneal stations in your total station count).**

- Line 4.G. Check this block if you are being licensed as a birthing center as defined in Regulation 61-102 and enter in the space provided the total number of birthing rooms permitted.
- Line 4.H. Check this block if you are being licensed as an abortion clinic as defined in Regulation 61-12.
- Line 4.I. Check this block if you have equipment that is being licensed as Freestanding or mobile Technology as defined in Regulation 61-108. **(A separate application is required for each independent system, equipment or unit to be licensed.)**
- Line 5. If you checked Line 4.B or 4.C, enter the name of each county in which you are permitted to provide services. If you do not service county areas, list the name of the area to which your services are restricted. Indicate in the space provided any restrictions that the Department has applied to your license.
- Line 6. Enter the total number of staff positions for the licensed activity or service. For initial license applicants only, attach a list that includes the name, title and position of each staff member.
- Line 7. Self-explanatory. Complete as indicated. Attach additional sheet(s) if necessary.
- Line 8. Self-explanatory. Complete as indicated. Attach additional sheet(s) if necessary.
- Line 9. Self-explanatory. Complete as indicated. Attach additional sheet(s) if necessary.
- Line 10. **Licensee information:** If you have procured the services of a management company to operate the activity or service on behalf of the licensee, the management company **is not** the licensee. Information pertaining to the management company is requested in Line 12. Only information pertaining to the licensee is requested in Line 10.
- Line 10.A. If the licensee is an individual (sole proprietorship), enter his/her legal name. All others must enter the name as legally registered to do business in this State, as listed in the articles of incorporation, or as indicated on the Certificate of Need that was issued.
- Line 10.B. The mailing address must be that of the licensee where the individual or entity receives mail.
- Line 10.C. Only one block per category (1), (2), and (3) shall be checked. If the license is for a renewal, and you check any block different from the application submitted last year, you must attach a full explanation and any other pertinent documentation to support the change. **(Note: You cannot arbitrarily change from one type of ownership to another without an official notarized agreement if a partnership or; articles of incorporation if a limited partnership, corporation or limited liability corporation.)**
- Line 10.D. Enter on this line the complete title of the licensee's governing body. If sole proprietorship, enter the individual's name on this line. Generally, the governing body is a board of directors elected or appointed and is usually within the organization or entity that is the licensee.
- Line 10.E. Enter the name, title, mailing address, and phone number of the individual that is the president or chief executive officer (CEO) of the governing body.
- Line 10.F. Self-explanatory. A publicly held entity is one which is offering or has ever offered its stock for sale on a public exchange.
- Line 10.G. Self-explanatory.

- Line 10.H. If the licensee is a corporation or partnership, **you must attach a list identifying all officers** with your initial application and each subsequent license renewal application.
- Line 11. Self-explanatory. The licensee must be the sole owner of the property unless the licensee has entered into a legal lease or rental agreement with the real property owner.
- Line 12. If the licensee has procured the services of a management company to operate the activity or service, attach a list providing information similar to that required in Line 10. **The management company under no circumstances is the licensee.**
- Line 13. Self-explanatory.
- Line 14. Self-explanatory. The verification signatures must be those of the individuals who are officers of the Licensee's governing body. Individuals belonging to a management company or other persons who are not officers of the governing body cannot sign on behalf of the licensee. In the case of a sole proprietorship, the signature must be that of the person identified on Line 10.A. If the license application is being notarized outside of the State of South Carolina, the notary seal of that state in which it is notarized must be affixed to the application. Otherwise, if a notary registered with the State of South Carolina notarizes the application, the notary seal does not have to be affixed to the application.
- Line 15. Self-explanatory.

OFFICE MECHANICS AND FILING: The original shall be placed in the master file of the activity in the Division of Health Licensing and maintained there in accordance with the most restrictive retention scheduled assigned to this document or other documents contained in the file. The most restrictive retention schedule in the master files is SBH-F&S-17, which requires documents to be kept for six years within Health Licensing. Records are then shipped to a storage center for retention of not less than 24 years before destroying.